

FOSTER HOME RELICENSE, TERMINATION AND CHANGE REQUEST APPLICATION NORTH CAROLINA DIVISION OF SOCIAL SERVICES

Attach Cover Letter and a copy of DSS-5015 License Action Request form for all requests

Foster Parent(s) Name(s): _____

Facility ID#: _____

I. RELICENSE APPLICATION

I. Relicense Application (foster parent(s), social worker and agency director/designee signatures required)

1. Background Checks {Must be completed on each foster parent and each adult (18 years old and up)}

Name of Each Adult in the Home:		
Type of Background Check (List all findings, include those on initial 5016 and previous 5157's)	Check Conducted	Date Conducted
Local Court Record Checked by Agency Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date :
Findings & Dates: Explanation of Findings:		
NC Department of Corrections Offender Information http://www.doc.state.nc.us/offenders/	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings & Dates: Explanation of Findings:		
NC Sex Offender and Public Protection Registry http://sexoffender.ncdoj.gov/	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings & Dates: Explanation of Findings:		
Health Care Personnel Registry https://www.ncnar.org/nhcpr.html	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings & Dates: Explanation of Findings:		

2. North Carolina Child Abuse Neglect History (Foster parents and adult household members)

Child Abuse or Neglect Reported	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Substantiation: <input type="checkbox"/> YES , Date of Substantiation:	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Explanation of Findings:		

3. Complete if new adult household members have NOT resided in NC for the past five years.

Previous Address(es)	Dates of Residency

Child Central Registry Check(s) from above State(s) of residence regarding applicant as a perpetrator of abuse or neglect if he/she DID NOT reside in NC for the past five years. Web site for child abuse/neglect registry information from other states: http://www.dfps.state.tx.us/child_care/other_child_care_information/abuse_registry.asp	Date Conducted:
Place child abuse/neglect clearance letters from other state(s) after the signature page. Any findings of child abuse/neglect, criminal history or background check offenses will require a letter of explanation and support from the agency director.	

4. Are any new adults (18 years old and up) residing in the home? YES NO
- a. Are these adults included in the Background checks above? YES NO N/A
- b. Are Fingerprint Clearance letters attached? YES NO N/A
- c. Are RIL results attached? YES NO N/A
- d. Are Child Central Registry Checks from other State(s) attached if the adults did not reside in N.C for the past five years? YES NO N/A
5. Each foster parent received the required 20 hours of in-service training? YES NO
6. Do the foster parents have current training in First Aid, CPR, Universal Precautions and Medication Administration? YES NO
7. Foster parent(s) using physical restraint holds receive required training prior to use of physical restraint holds? YES NO N/A
8. Annual written approval to use physical restraint holds from the Executive Director provided to foster parent(s) and placed in file? YES NO N/A
9. Foster parent(s) using physical restraints only do so when a second trained foster parent or adult is present? YES NO N/A
10. Therapeutic foster parent(s) have received additional training within first two years of licensure as required by 10A NCAC 70E .1117? YES NO N/A
11. Total number of children in the home. **Complete Each Blank.**
- _____ # foster parent(s) minor children including birth, adoptive, guardian
- _____ # relative children who are not in foster care
- _____ # non-relative children (do not count foster children or daycare children)
- _____ # In-Home Daycare License Capacity, attach copy of license
- _____ # Community Alternative Program (CAP) clients in the home
- _____ # foster care license **capacity** as printed on most current DSS-5015
- _____ Total of numbers above
12. Required forms attached?
- DSS-5156 Medical Evaluation YES NO
- DSS-5017 Medical History YES NO
- DSS-1515 Fire Inspection Report YES NO
- DSS-5150 Environmental Conditions Report YES NO
13. Did foster parents, household members, MD (DSS-5156 Medical Evaluation) or agency identify any **Physical Health** issues since the last review? YES NO

If **YES** explain (What is condition? What is duration of condition? How does it manifest? What are symptoms? Does condition affect activities of daily living? What is treatment? Will condition affect ability to provide foster care?): _____
Attach MD notes as needed.

14. Did foster parents, household members, MD (DSS-5156 Medical Evaluation) or agency identify any **Mental Health** issues since the last review? **YES** **NO**
If **YES** explain (What is condition? What is duration of condition? How does it manifest? What are symptoms? Does condition affect activities of daily living? What is treatment? Will condition affect ability to provide foster care?): _____
Attach MD, psychologist, counselor, therapist notes as needed.

15. Have any new pets been added to the household? **YES** **NO**
If yes, provide explanation (how many, what type of pets, breed, size, inside/outside pets, vaccinated for rabies, how long has the pet been part of the household, spayed/neutered, any incidents of aggression/violence, how does pet react to strangers, has pet been evaluated by a trainer, any concerns how pet will interact with foster child, etc.): _____

16. Has there been a change in the foster parents' employment since the last review? **YES** **NO**
If Yes, explain: _____
Monthly Income, Give Total: _____ Monthly Expenses, Give Total: _____
These expenses include (check those that apply) Rent, Mortgage, Car Payments, Utilities, Food, Child Support (Are applicants current with child support payments? **YES** **NO** If No, what is the amount of arrears? _____) List other expenses: _____

17. DSS-1796 Agency/Foster Parent Agreement reviewed and signed; a copy retained in agency foster parent file and a copy given to foster parents? **YES** **NO**
18. Discipline Agreement reviewed and signed; a copy retained in agency foster parent file and a copy given to foster parents? **YES** **NO**
19. Waiver of licensure rule previously granted? **YES** **NO**
20. Waiver of licensure rule being requested? If YES attach DSS-5199 Waiver Request Form **YES** **NO**

II. LICENSE TERMINATION REQUEST

II. License Termination Request (social worker and foster parent(s) signature required) (This form is not used for Revocations. Use DSS-5279 Request for a Revocation of a Foster Home License)

1. Terminate this license effective: _____
2. Reason for Termination: Adopted No longer desires to foster Other obligations
3. If foster parent(s) is NOT available for signature, indicate reason below:
 Moved No reply to agency attempts to contact Other: _____
Document Attempts to Contact (including dates): _____

III. LICENSE CHANGE REQUEST

1. Please Change Capacity to: _____ Complete I. #11 above.

2. Document Sleeping Arrangements

SLEEPING ARRANGEMENTS CHART	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)
Example Bedroom 1.	Queen / Mr. & Mrs. Applicant	Crib / foster child		
Bedroom 1.				
Bedroom 2.				
Bedroom 3.				
Bedroom 4.				
Bedroom 5.				

3. Request for total number of children in a family foster home is greater than 5? YES NO N/A

4. If 'YES' are the following criteria met?

(a) The capacity change request is to allow siblings to remain together? YES NO N/A

(b) Social worker has verified that the out-of-home family services agreement for each sibling specifies the children shall be placed together? YES NO N/A

(c) Foster parents have the skill, stamina, and ability to care for the children? YES NO N/A

5. Change Age Range from: _____ to _____

6. Change Address to: _____

(a) Complete Sleeping Arrangements Chart. (III. 2.)

(b) Briefly describe house, kitchen and dining areas, family or living areas, bathing facilities and the setting in which the home is located. _____

(c) Home's design allows children privacy while bathing, dressing and using toilet facilities? YES NO

(d) Exterior spaces around the foster home are clear of bodies of water such as swimming pools, beaches, rivers, lakes, streams, ponds, etc.? YES NO

If you answered 'NO' to (c) or (d) document how access to these objects, hazardous items, and/or bodies of water is avoided: _____

7. DSS-1515 Fire Inspection Report attached? YES NO

8. DSS-5150 Environmental Conditions Report attached? YES NO

9. Add to the household: Name: _____ SSN: _____ Relationship to foster parent(s) _____

(a) Complete Sleeping Arrangements Chart (III. 2.).

(b) Attach DSS-5017 Medical History Form.

(c) Attach DSS-5156 Medical Evaluation and TB tests results.

(d) New Household member 18 years of age or up? YES NO

If 'YES' **Complete I.** (1) Background Check and (2) Child Abuse/Neglect History Table.
Attach Fingerprint Clearance Letter, RIL results and Child Abuse/Neglect Central Registry Checks from other states if new household member has not resided in NC for the past five years.

10. Change from: **Therapeutic to Family Foster Care. Complete I. (11) above.**

11. Change from: **Family Foster Care to Therapeutic. Complete I. (11) above.**

Foster parents have received additional 10 hours of required pre-service training, and agree to receive additional training within first two years of licensure as a therapeutic foster parents as required by 10A NCAC 70E .1117 (3) (a-e).

YES **NO**

Date foster parents received additional 10 hours of required pre-service training: _____

12. Remove Foster Parent from license (*signature required below*) Name: _____

Remove Adult Household Member Name: _____

Document reason:

13. Other: Change DSS-5015 field _____ from _____ to _____

FOSTER HOME RELICENSURE, TERMINATION, AND CHANGE REQUEST CERTIFICATION

We certify that agency staff has reviewed this document and confirm that the home is in compliance with all rules and policies governing foster home licensure. We understand that according to GS 131D-10.6C this information may be furnished to others upon proper request.

Type Name of Applicant	Type Name of Applicant
✓	✓
Applicant Signature / Date	Applicant Signature / Date

Type Name of Applicant	Type Name of Applicant
✓	✓
Applicant Signature / Date	Applicant Signature / Date

Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	
Social Worker E-Mail Address:	

Type Name of Agency Director or Designee*	
*I certify that the Agency Director has appointed me as Designee for the purpose of signing documents for Regulatory and Licensing Services.	
✓	
Signature of Agency Director or Designee / Date	
Director/Designee Phone Number:	
Director/Designee E-Mail Address:	

